

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317

To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

October 10, 2012

The Eye Surgery Center 1100 Hinesburg Road South Burlington, VT 05403

Provider #: 47C0001000

Greetings:

Enclosed is a copy of your acceptable plans of correction for the Life Safety Code survey conducted on **September 5, 2012**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMOtaRN

PC:jl

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/24/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ENCIES	(X1) PROVIDERS	SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED	
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THE EYE SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 HINESBURG ROAD SOUTH BURLINGTON, VT 05403							
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of sprrection is requisite to continued program participation.

FORM CMS-2567(02-99) Pravious Versions Obsolate

Event |D:MVSA21

Facility ID: 47C0001000

If continuation sheat Page 1 of 3

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Findings include: Per observation on 9/5/12, accompanied by facility staff, there is a hole in the fire rated wall in the south exit stairway at the first floor level. The hole was located over the door that leads to the Eye Surgery Center. 416.44(b)(1) LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. 20.7.1.2, 21.7.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure fire drills utilize the fire alarm system. 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NAME OF PROVIDER OR SUPPLIER THE EYE SURGERY CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1100 HINESBURG ROAD SOUTH BURLINGTON, VT 05403							
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FORM CMS-2	567(02-99)	Previous Version	s Obsolete	Event ID: MVSA2	1	Faci	ity ID: 47G0001000	If continuation she	et Page 3 of 3	

The Eye Surgery Center 1100 Hinesburg Rd, So Burlington, VT 05403 NFPA Life Safety Plan of Correction

K 017 The exit door located near the Medical Gas Room was planed down and now swings closed and latches completely. The door will be monitored daily and if it does not freely swing closed and latch by itself, it will be planed down some more. Corrective action was completed on 10/3/12.

K 020 The hole in the fire rated wall at the south exit stairway will be repaired on 10/4/12.

K 050 Fire drills and the fire alarm system will be sounded every 3 months. The South Burlington fire department will assist with the sounding of the alarm on 10/8/12 and with a staff in-service on 10/29/12.

K 067 The Boilers will have the certification inspection by a National Board commissioned Boiler Inspector on 10/10/12 10/26/12 (Per telephone earl with The Eye Surgery Center staff on 10/8/12)

KO17, KO20, KO50 + KO67 POC accepted 10/8/12-JBenard/PMC